

DIRECT DEPOSIT AUTHORIZATION

FOR PROCESSING FEDERAL NET PAYMENTS
(Refer to instructions for preparing authorization before completing the form.)

SECTION 1 - RECIPIENT INFORMATION

YOUR SOCIAL SECURITY NUMBER

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RETIREE'S SOCIAL SECURITY NUMBER

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YOUR NAME *(Last, First MI)*

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YOUR HOME TELEPHONE NUMBER

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YOUR WORK TELEPHONE NUMBER

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YOUR HOME / CORRESPONDENCE ADDRESS

SECTION II - ACCOUNT INFORMATION

TYPE OF ACCOUNT

- ☐ CHECKING
☐ SAVINGS

TYPE OF PAYMENT

- ☐ COMMUNITY PROPERTY
☐ CHILD SUPPORT
☐ ALIMONY

NOTE: IF YOU SELECTED A CHECKING ACCOUNT, A VOIDED PERSONAL CHECK OR SHAREDRAFT MUST BE ATTACHED, IN ADDITION TO COMPLETING ITEMS 8 THROUGH 12 OF THIS SECTION. SEE INSTRUCTIONS ON THE BACK OF THIS FORM.

ROUTING TRANSIT NUMBER

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ACCOUNT NUMBER

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ACCOUNT TITLE *(Account Holder's Name)*

FINANCIAL INSTITUTION NAME AND ADDRESS

SECTION III AUTHORIZATION

RECIPIENT'S SIGNATURE

DATE *(YYYYMMDD)*

PRIVACY ACT STATEMENT

Collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the federal agency to the financial institution and/or its agent.

INSTRUCTIONS FOR PREPARING AUTHORIZATION

PURPOSE - You may use this form to provide instructions for processing your net pay. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit / Electronic Funds Transfer Program.

SECTION I - EMPLOYEE / MEMBER / ANNUITANT INFORMATION (ITEMS 1-5)

You must complete all blocks after carefully reading the instructions and Privacy Act Statement. You must keep the agency informed of any address change to remain qualified for payments.

SECTION II - DIRECT DEPOSIT ACCOUNT INFORMATION

ITEM 6 - TYPE OF ACCOUNT - Place "X" in the appropriate box, to indicate if you want your payment to be sent to a checking or savings account.

ITEM 7 - TYPE OF PAYMENT - Place an "X" in the appropriate box to indicate what type of payment you want sent by Direct Deposit.

ITEM 8 - ROUTING TRANSIT NUMBER - Your financial institution's 9-digit routing transit number. See the illustration below. Otherwise call your financial institution and ask them to provide you with their RTN. 0000

ITEM 9 - ACCOUNT NUMBER - Your account number at your financial institution. See the illustration below.

ITEM 10 - ACCOUNT TITLE - The depositor's name on the account at the financial institution. See the illustration below.

ITEM 11 - FINANCIAL INSTITUTION NAME / ADDRESS - The institution to which payments are to be directed
See the illustration below.

10

<p>NAME OF DEPOSITOR STREET ADDRESS CITY, STATE, ZIP CODE</p> <p>PAY TO THE ORDER OF _____</p> <p>NAME OF YOUR BANK Payable Through Another Bank</p> <p>For _____</p> <p>99999999 9 000 000 000 001 110101</p>	<p style="text-align: right;">101</p> <p style="text-align: right;">_____ 20 _____</p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;">DOLLARS</p>
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11

8 9 CHECK NUMBER

8 - ROUTING TRANSIT NUMBER - Examine your deposit slip or check for items labeled 9 in the above sample. Is the Routing Transit Number (RTN) eight numbers in a row followed by a space and then one number? Is the first number of the RTN "0," "1," "2," or "3"? If the answer to both questions is "yes" enter the numbers from your deposit slip or check on the reverse of this form in Item 9. Otherwise, call your financial institution and ask

9 - ACCOUNT NUMBER - Include dashes where the symbol appears on your check or deposit slip. Be sure not to include the check number (#101 in the example) or deposit slip number as part of your Account Number in Item 9. If you cannot determine your Account Number, contact your financial institution.

10 - ACCOUNT TITLE - Must include recipient's name.

11 - FINANCIAL INSTITUTION NAME / ADDRESS - If your check or sharedraft includes "Payable Through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit.

SECTION III - AUTHORIZATION

ITEMS 12 AND 13 - You must sign and date this form before the authorization can be processed.

FOR CHANGES - You must complete and submit a new "Direct Deposit Authorization" form to the applicable DoD agency. We recommend that you maintain accounts at both financial institutions until the new institution receives your Direct Deposit payments.

FOR CANCELLATIONS - This authorization will remain in effect until you cancel by providing a written notice to the DoD Agency or by your death or legal incapacity. Upon cancellation, you should notify the receiving financial institution. The authorization may be cancelled by the financial institution by providing you a written notice 30 days in advance of the cancellation date. You must immediately advise the DoD Agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government Agency.